

**CPT 22848:  
Request for Removal from  
the Inpatient Only List**

**SI-BONE, Inc.**

Presentation to  
Advisory Panel on Hospital  
Outpatient Payment  
August 2024

# Agenda

- Current treatment and standard of care for pelvic fixation
- Historical context for open procedures reported by CPT 22848
- Evolution to percutaneous / MIS pelvic fixation described by CPT 22848
- Typical HOPD considerations
- Similar procedures removed from IPO list
- Nominated for removal from IPO list for 2025 rulemaking cycle (pending)
- Summary



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# Standard of Care and SI-BONE Request

22848 procedures should be removed from the IPO list for CY 2025

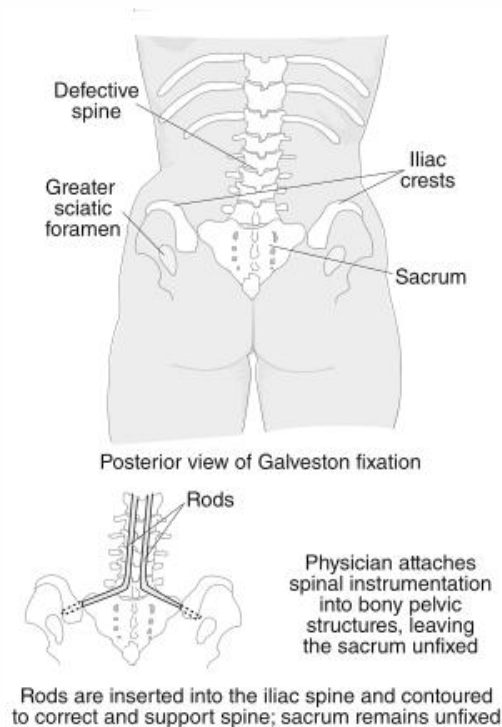
## Overview and Ask:

- Newer technology allows 22848 procedures safely in an HOPD setting, e.g. typical pelvic fixation with S2AI screw
- Similar procedures, e.g., CPT 27279, already removed from IPO list
- The typical HOPD is well equipped to manage procedures described by CPT 22848.

**The typical CPT 22848 procedure meets 4 of 5 CMS requirements for removing a code from the IPO List**

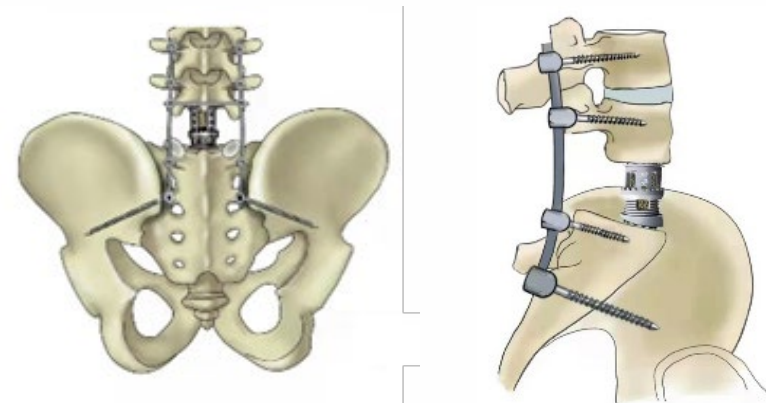
# Evolution of Pelvic Fixation

In 1996, CPT 22848 was added to describe the Galveston fixation technique, illustrated below. The original technique was highly complex and invasive.

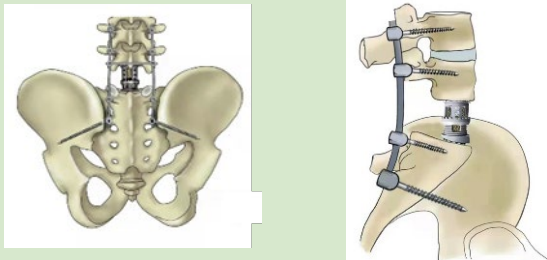



For more than 20 years, CPT 22848 has described pelvic fixation, that is performed with screws.

- Screws are typically placed in either the iliac or the S2AI trajectories. Screws are then affixed to the lumbar/thoracolumbar instrumentation.
- The purpose of the pelvic fixation is to help stabilize the lumbar construct, especially the L5-S1 level, the level most likely to fail.



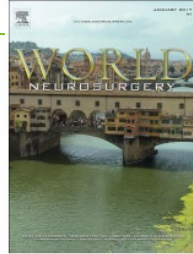
# Patient Safety Profile: 22848 vs. 27279 in the HOPD

	<b>Pelvic Fixation 22848</b> <i>Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure)</i>	<b>MIS Lateral SIJ 27279</b> <i>Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device</i>
		
Anesthesia	MAC / general	MAC / general
Approach/Technique	Posterior Midline?	Lateral/Posterolateral
Incision size	3cm-5cm	3cm-5cm
Wound care	Multi-layered closure	Multi-layered closure
Recovery/Discharge	Home/SNF	Home/SNF

# CPT 22848 | Data Suggests It Is Safe, Well Studied

## Highlights on Safe MIS Placement

- Insertion point is 10 mm laterally between the S1 and S2 foramina and near to the sacroiliac joint.
- Aiming toward the AIIS is ensured by using a 30–40 degrees lateral angulation and 20–30 degrees caudal angulation.
- Using lateral fluoroscopy, the acetabulum and greater sciatic notch can be identified and screw misplacement can be avoided.
- An elevator is used to identify the outer sacral cortex.
- Anteroposterior, obturator-outlet, and teardrop views are used to ensure correct screw insertion.



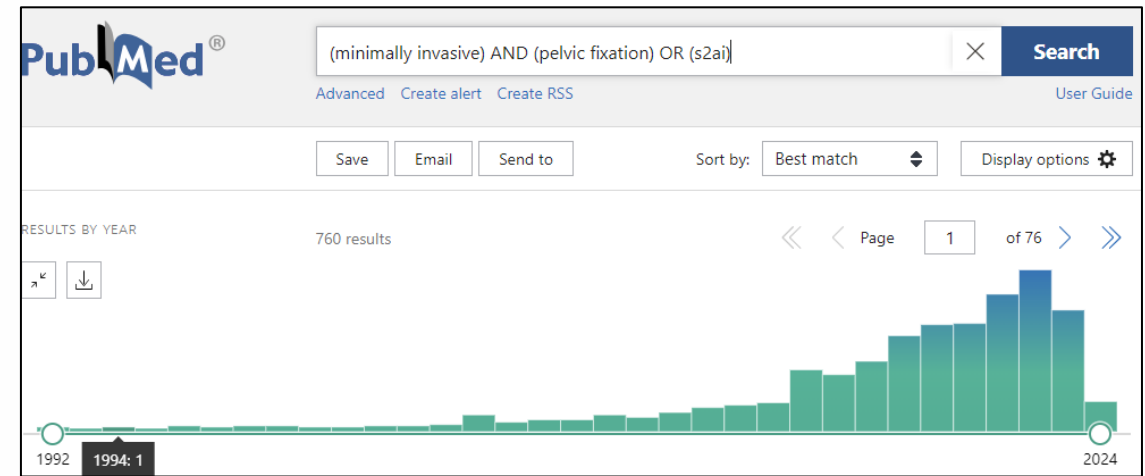
The **SPINE JOURNAL** **INASS**  
ADVANCING GLOBAL SPINE CARE

“S2AI screws with a lower profile have made a significant impact in reducing complications associated with conventional iliac screws. With recent entry point modification and further advancement in the conventional iliac screw technique...”

## References:

1. Yilmaz E, Abdul-Jabbar A, Tawfik T, et al. S2 Alar-Iliac Screw Insertion: Technical Note with Pictorial Guide. *World Neurosurg*. 2018;113:e296-e301. doi:10.1016/j.wneu.2018.02.009
2. Hasan MY, Liu G, Wong HK, Tan JH. Postoperative complications of S2AI versus iliac screw in spinopelvic fixation: a meta-analysis and recent trends review. *Spine J*. 2020;20(6):964-972. doi:10.1016/j.spinee.2019.11.014
3. El Dafrawy MH, Raad M, Okafor L, Kebaish KM. Sacropelvic Fixation: A Comprehensive Review. *Spine Deform*. 2019;7(4):509-516. doi:10.1016/j.jspd.2018.11.009

## 760 papers in PubMed on MIS pelvic fixation (CPT 22848\*)



\*Search terms: (minimally invasive) AND (pelvic fixation) OR (s2ai)

# **CPT 22848 | Describes A Procedure Which Most Outpatient Departments Are Equipped to Provide**

**22848 procedures are readily supported by hospital outpatient departments**

- Identical requirements as inpatient for availability, support, post-operative considerations, surgical technique.
- Includes the same imaging modalities to support placement of implants into the pelvis.
- With advances in technology, pelvic fixation procedures are now readily deployed in outpatient settings

# **CPT 22848 | Describes a Procedure That May Be Furnished in Most Outpatient Departments**

**CPT 22848 most commonly reports an S2AI screw placement procedure to fixate the pelvis during lumbar spine surgery.**

- Uses standard OR equipment already necessary for the primary procedure
- Minimally invasive technique, well established in medical literature
- Current standard of practice



# CPT 22848 | Is Related To Codes That Have Already Been Removed From The IPO List

22848 procedures are adjunctive to or closely related to many procedures already performed in the HOPD setting

22848  
supports  
(add-on)

22848 is  
similar

- **CPT 22612**- posterior/posterolateral lumbar fusion (PLF)
- **CPT 22630**- posterior lumbar interbody fusion (PLIF)
- **CPT 22633**- combined posterior/anterior interbody fusion
- **CPT 27279** - MIS SIJ fusion is closely related to CPT 22848 procedures and is considered a routine HOPD/ASC procedure

# **CPT 22848 | Describes A Procedure That Is Being Furnished In Numerous Hospitals On An Outpatient Basis**

**Commercial claims aggregator databases clearly demonstrate a shift to the outpatient care setting for procedures that include CPT 22848**

- 15,000 procedures are reported over the past 12 months
  - > 300 of those cases reported in the ASC setting
- Suggests the safety profile of this procedure is considered acceptable hospital outpatient settings by hundreds of treating physicians.

**Allowing 22848 in the HOPD for CY 2025 procedures setting reflects current practice and migration of MIS procedures performed outpatient**

# Conclusion and Ask

**22848 procedures should be removed from the IPO list for CY 2025**

**Typical CPT 22848 procedure meets 4 of 5 CMS requirements for removing a code from the IPO List:**

1. Most outpatient departments are equipped to provide the services to the Medicare population.
2. The simplest procedure described by the code may be furnished in most HOPDs.
3. The procedure is related to codes that have already been removed from the IPO list.
4. The procedure is being furnished in numerous hospitals on an outpatient basis.

# THANK YOU

